

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FLILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		2					
4		2					
5		1					
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49							
50							
TOTAL IND.	1	↓		↓		↓	
TOTAL DEP.	4	←		←		←	
TOTAL CLAIMS	5						